

Ziff

COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis



OSHA COVID-19 Healthcare Worksite Checklist

- Employers in settings where employees provide healthcare services or healthcare support services may use the following Worksite Checklist to implement worker protections from COVID-19 in compliance with the OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS).
- If employers choose to use this Worksite Checklist, there are 2 STEPS to complete:
 - STEP 1: Determine if OSHA’s COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
 - STEP 2: Use this Worksite Checklist to develop and implement worker protections from COVID-19 in your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the “[Is your workplace covered by the COVID-19 Healthcare ETS?](#)” flow chart to determine whether and how OSHA’s COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: If the ETS applies to your workplace or portions of your workplace, use this Worksite Checklist & Employee Job Hazard Analysis to develop and implement worker protections from COVID-19 in your workplace.

Use the sections of this Worksite Checklist & Employee Job Hazard Analysis that apply to your workplace or portions of your workplace to develop and implement worker protections from COVID-19. This checklist is intended to be used alongside OSHA’s [COVID-19 Plan Template](#) to help you develop and implement a COVID-19 plan, as required by the ETS, for your workplace. Seek the involvement of non-managerial employees and their representatives in completing this checklist and implementing the COVID-19 plan.

✓ Getting Started **NSU ZIFF CLINICS**

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.

	YES	NO	Follow-up Action
○ Do you have a COVID-19 plan that was developed in consultation with non-managerial employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
○ If you are claiming exemption under 1910.502(a)(4) from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, do you have policies and procedures in place to determine employees’ vaccination status?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
○ Have you shared your COVID-19 plan with all other employers at your worksite(s) and coordinated to ensure all workers are protected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies to limit and monitor points of entry in settings where direct patient care is provided? <i>(Note: Does not apply where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy to screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering settings where direct patient care is provided for people who may have symptoms of COVID-19?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Take these steps to get your workplace ready and ensure you have implemented policies and procedures to prevent the spread of COVID-19. Some specific controls against COVID-19 and a job hazard analysis are covered in the sections that follow.	YES	NO	Follow-up Action
○ Do you have a health screening protocol for screening employees before each work day and each shift?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
○ Do you have a log for recording all employee instances of COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy that requires employees to notify you when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Does the policy require employees to notify you if they are experiencing COVID-19 like symptoms including: <ul style="list-style-type: none"> ▪ A recent loss of taste and/or smell with no other explanation ▪ A fever of at least 100.4°F with a new unexplained cough associated with shortness of breath 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy to notify employees within 24 hours, if required to do so, when they have been exposed (through close contact or by working in the same well-defined portion of a workplace during a person's potential transmission period) to a COVID-19 positive person who has been in the workplace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a policy for employee COVID-19 testing, including providing time off and payment for the test? (Note: employers are not required to conduct testing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies to remove employees who have COVID-19, are suspected to have COVID-19, are experiencing certain symptoms of COVID-19, or have been in close contact with a COVID-19 positive person in the workplace, until they can return as provided for by the standard, and, for employers with more than 10 employees, to provide medical removal protection benefits to such employees where required to do so (see OSHA's ETS Notification, Removal, and Return to Work Flow Chart for Employers and Employees)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have policies and procedures for adhering to Standard and Transmission-Based Precautions in accordance with CDC's " Guidelines for Isolation Precautions "?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Have you considered the use of telehealth services where available and appropriate in order to limit the number of people entering the facility? (Note: employers are not required to, but are encouraged to, use telehealth where available and appropriate.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you have a plan to support COVID-19 vaccination by providing each employee reasonable time and paid leave for vaccination and any side effects experienced following vaccination? <i>(Note: Eligible employers, including businesses and tax-exempt organizations with fewer than 500 employees, can receive a tax credit for providing paid time off for each employee receiving the vaccine and for any time needed to recover from the vaccine. See www.irs.gov/newsroom/american-rescue-plan-tax-credits-available-to-small-employers-to-provide-paid-leave-to-employees-receiving-covid-19-vaccines-new-fact-sheet-outlines-details)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Identify COVID-19 Safety Coordinators to ensure compliance with all aspects of the COVID-19 plan.			
Name:	Position/Title/Campus:	Contact Information:	
FRSD Wilson	EHS Manager	754-224-8698	

✓ Physical Distancing in your Workplace

This section will assist you in implementing physical distancing measures at your workplace.

- Employers must ensure that employees are separated from other people by at least 6 feet when indoors, and install cleanable or disposable solid barriers at fixed work locations outside of direct patient care areas where each employee is not separated from other people by at least 6 feet, unless the employer can demonstrate that these measures are infeasible. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** and the **Job Hazard Analysis (Controls)** sections below.
- In evaluating how to implement physical distancing, employers should consider these measures as they build their COVID-19 plans.
- Employers must implement physical distancing along with the other provisions required by the ETS as part of a multi-layered strategy to minimize employee exposure to COVID-19.
- **NOTE:** The ETS exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

Have you considered these measures when/where possible?	YES	NO	Follow-up Action
<ul style="list-style-type: none"> ○ Have you taken steps to reduce crowding in facilities by asking patients to remain outside if feasible until they are called into the facility for their appointment? <i>For example: Vehicle waiting area in parking lot, open air triage tents and booths, etc.</i> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you limited visitors to the facility to only those essential for the patient's physical or emotional well-being and care, and restricted their visits to the patient's room or other designated areas? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you implemented teleworking options? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Are physical distancing floor markers and/or visible wall signs in place to remind employees, patients, visitors, customers, clients, and all other non-employees to maintain a minimum distance of 6 feet between them? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you reconfigured the work environment to ensure physical distancing? <i>For example: Spacing out desks, etc.</i> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have conference rooms and break area furnishings (tables, chairs, desks) been adjusted to maintain physical distancing? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you installed cleanable or disposable solid barriers at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have work shifts and break times been staggered to reduce crowding in common employee areas? <i>For example: Breakrooms, locker rooms, etc.</i> 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you taken steps to minimize the number of people within choke points (bottlenecks) at any time to ensure a minimum distance of 6 feet can be maintained between them and reduce crowding? <i>For example: Outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, pharmacy windows, bill payment).</i> 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you designated pickup/drop-off delivery areas away from high traffic areas? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have you used scheduling to separate workers into dedicated groups (i.e. "bubbles" or "cohorts") to work the same shift or work in a particular area to reduce the number of individuals that each worker encounters? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have contactless payment systems been established? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Have contactless scheduling systems been established? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

✓ Ventilation in Your Workplace

This section will assist you in improving ventilation at your workplace.

- Employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system(s) must ensure that the HVAC system(s) is used in accordance with manufacturer's instructions and the design specifications of the system(s); the amount of outside air circulated through the system(s) and the number of air changes per hour are maximized to the extent appropriate; air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); air filters are maintained and replaced as necessary; intake ports are cleaned, maintained, and cleared of debris; and airborne infection isolation rooms (AIIRs) are maintained and operated in accordance with their design and construction criteria.
- **Does your workplace have a HVAC system that you own or control?**
- **Who is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of the OSHA COVID-19 ETS?**
(e.g., Maintenance staff, HVAC service contractor)

Name/Contact Information:

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are all air supply diffusers and return air grilles open, clean, and operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are all existing AIIRs maintained in accordance with design and construction criteria?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Ventilation Strategies (Best Practices) to Consider	YES	NO	Notes
○ Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
○ Are automatic settings that reduce outside air intake disabled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

✓ Cleaning and Disinfection in Your Workplace

This section will assist you in implementing cleaning, disinfection, and hand hygiene measures at your workplace.

- In patient care areas, resident rooms, and for medical devices and equipment, employers must follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)," pp. 86–103, 147-149. In all other areas, employers must clean high-touch surfaces and equipment at least once a day, following manufacturers' instructions for application of cleaners; and clean and disinfect, in accordance with CDC's "[Cleaning and Disinfecting Guidance](#)" any areas, materials, and equipment under the employer's control that have likely been contaminated by a person who is COVID-19 positive and has been in the workplace within the last 24 hours.
- Employers must provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities.
- After aerosol-generating procedures (AGPs) are performed on persons with suspected or confirmed COVID-19, employers must clean and disinfect the surfaces and equipment in the room or area where the procedure was performed.

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Are patient care areas, resident rooms, and medical devices and equipment cleaned and disinfected in accordance with the CDC's " COVID-19 Infection Prevention and Control Recommendations " and " Guidelines for Environmental Infection Control "?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Do you clean and disinfect areas, materials, and equipment (other than patient care areas, resident rooms, and medical devices and equipment) that have likely been contaminated by a person with COVID-19 who has been in the workplace within the last 24 hours in accordance with the CDC's " Cleaning and Disinfecting Guidance "?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Where AGPs are conducted, do you clean and disinfect the surfaces and equipment in the room or area after the procedure is completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Don't M ¹ C AGPs
○ Have you provided alcohol-based hand rub that is at least 60% alcohol or provided readily accessible handwashing facilities for employees, patients, visitors, customers, clients, and all other non-employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Outside of patient care areas and patient rooms, are high-touch surfaces and equipment (other than medical devices and equipment) cleaned at least once a day following manufacturers' instructions for application of cleaners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ When disinfecting, do you use a disinfectant found on EPA's List N ; Disinfectants for COVID-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

✓ Personal Protective Equipment (PPE) in Your Workplace

This section will assist you in providing PPE and implementing PPE policies at your workplace.

- Employers must: provide and ensure employees wear facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy; ensure a facemask is worn by each employee over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes (with some exceptions, e.g., when an employee is alone in a room); provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for AGPs performed on a person with suspected or confirmed COVID-19; provide respirators and other PPE in accordance with Standard and Transmission-based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)"; and allow employees to wear their own respirators instead of facemasks (under the mini respiratory protection program at 29 CFR 1910.504).
- **NOTE:** PPE requirements for employees with exposure to a person with suspected or confirmed COVID-19 and for AGPs on a person with suspected or confirmed COVID-19 are discussed in the **Job Task Inventory for Employees with Potential for Exposure to a Person with Confirmed or Suspected COVID-19** and **Job Hazard Analysis (Controls)** sections below.
- **NOTE:** The ETS exempts fully vaccinated workers from PPE requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

The following questions apply when employees are required to wear employer-provided facemasks, respirators, or face shields:	YES	NO	Follow-up Action
○ Do you ensure facemasks are worn by employees over the nose and mouth when indoors and when occupying a vehicle with other people for work, unless one of the exceptions in the ETS applies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ When facemasks are required, have you provided to each employee a sufficient number of facemasks that are FDA-cleared, authorized by an FDA EUA, or otherwise offered or distributed as described in an FDA enforcement policy to comply with the ETS and ensure that they are changed by employees at least once a day, whenever they are soiled or damaged, and more frequently as necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ If N95 respirators or a higher level of respiratory protection are provided to employees, are they: <ul style="list-style-type: none"> ○ used in accordance with the COVID-19 mini respiratory protection program (29 CFR 1910.504) when used in place of a facemask in situations when a respirator is not required by the ETS; or ○ used in accordance with the respiratory protection standard (29 CFR 1910.134) when a respirator is required by the ETS? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ For employees who are unable to wear facemasks (e.g., due to a disability), are face shields provided to employees and <ul style="list-style-type: none"> ○ certified to ANSI/ISEA Z87.1 (or do they cover the wearer's eyes, nose, and mouth, wrap around the face from temple to temple, and extend down below the wearer's chin)? ○ cleaned at least daily? ○ replaced when damaged? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
○ Instead of a facemask, are employees permitted to wear their own respirator used in accordance with 29 CFR 1910.504 when a respirator is not required by the ETS?	<input type="checkbox"/>	<input type="checkbox"/>	

Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19

Use this **Job Task Inventory** and input from employees to identify any job tasks where employees have potential for exposure to a person with suspected or confirmed COVID-19.

Answer the following questions about employee exposure to COVID-19:

	YES	NO	Follow-up / Notes
<input type="checkbox"/> Do employee(s) provide direct care to or are they otherwise exposed to people with suspected or confirmed COVID-19?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Do employee(s) perform or assist in performing AGPs on a person with suspected or confirmed COVID-19? The following medical procedures are considered AGPs: <ul style="list-style-type: none"> <input type="checkbox"/> open suctioning of airways <input type="checkbox"/> sputum induction <input type="checkbox"/> cardiopulmonary resuscitation <input type="checkbox"/> endotracheal intubation and extubation <input type="checkbox"/> non-invasive ventilation (e.g., BiPAP, CPAP) <input type="checkbox"/> bronchoscopy <input type="checkbox"/> manual ventilation <input type="checkbox"/> medical/surgical/postmortem procedures using oscillating bone saws <input type="checkbox"/> dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If you answered yes to any of the questions above, complete the table below indicating the location(s), number of workers, and job tasks and descriptions in which employees have potential for exposure to a person with suspected or confirmed COVID-19.

Location(s)	No. of Workers	Job Tasks and Descriptions
<i>For example: Surgical Suites</i>	5	<i>Perform or assist in surgical procedures using oscillating bone saws</i>
	21	Assist in medical procedures
	3	optometry techs work directly with patients

Are there any well-defined areas of your workplace in which there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present? If yes, list here:

- *For example: employee break room*
-
-
-

Employee Job Hazard Analysis (Controls)

This form will help employers and their employees identify controls to implement to minimize potential employee exposure to COVID-19. Refer to the **Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing** as well as the **Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19** sections above to complete this form for every fixed work location or job task identified in these sections.

At least one non-managerial employee should provide input on this Job Hazard Analysis.

Employee Name(s), Position/Title, Shift

Lashonda Hamilton Daytime operations

Facility Location (e.g., campus, building number)

NSU Ziff Clinics

Controls to implement (as appropriate and feasible) for employees outside of direct patient care areas who cannot maintain physical distancing

Fixed Work Location(s) (refer to table above):

Job Tasks and Descriptions:

Medical assistants

- Work processes or procedures have been adjusted to ensure that employees are as far apart as feasible from other people.
How:
- *for example: using a lifting device instead of a co-worker*
 -
 -
- Physical barriers have been installed where physical distancing is not feasible.
NOTE: Physical barriers are not required in direct patient care areas or resident rooms. The ETS also exempts fully vaccinated workers from physical distancing and barrier requirements when in well-defined areas of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Refer to list of well-defined areas above.
- Between employees and other people where possible
 - Between co-worker workstations where possible
 - Barriers are at height and width to block face-to-face pathways between persons
 - Small pass-through openings for objects, if necessary, are located at the bottom of the barrier and away from users' breathing zones
 - Barriers are fixed or secured so they do not move excessively (secured to ground or surface; hanging barriers have bottoms secured)
 - Barriers are easily cleanable or disposable
 - Barrier cleaning supplies are stocked and conveniently located
 - Barriers do not block emergency exits and pathways

Controls to implement for employees with potential for exposure to a person with suspected or confirmed COVID-19

Controls for AGPs performed on a person with suspected or confirmed COVID-19:

- The number of employees present during the procedure is limited to only those essential for patient care and procedure support
- The procedure is performed in an AIIR, if available
- All surfaces and equipment in the room or area where the procedure is performed are cleaned and disinfected after the procedure is completed

PPE:

The employer must provide a respirator, gloves, an isolation gown or protective clothing, and eye protection to each employee with exposure to people with suspected or confirmed COVID-19. The employer must ensure that the respirator is used in accordance with the respiratory protection standard (29 CFR 1910.134) and that other PPE is used in accordance with 29 CFR 1910 subpart I.

For AGPs performed on a person with suspected or confirmed COVID-19, employers are encouraged to select elastomeric respirators or PAPRs instead of filtering facepiece respirators.

Use this form for each healthcare job task (refer to table above) with potential exposure to COVID-19.

Description of Job Task	Employee Protections	Provided by Employer	Follow-up / Notes
<p><i>For example: A nurse in the ICU must enter the patient's room and draw three vials of blood once daily in the morning before breakfast.</i></p> <p><i>The patient is positive for COVID-19.</i></p> <p><i>The ICU nurses have been issued N95 respirators. ICU nurses wear FDA-authorized facemasks when not in a COVID-19 positive patient's room.</i></p>	Gloves	x	
	Isolation gown	x	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	x	When not wearing N95 respirator
	N95 respirator, or equivalent	x	
	Goggles or face shield	x	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
Medical assistants	Gloves	X	
	Isolation gown	X	
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy	X	
	N95 respirator, or equivalent	X	
	Goggles or face shield	X	
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		
	Gloves		
	Isolation gown		
	Facemasks cleared by the FDA, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy		
	N95 respirator, or equivalent		
	Goggles or face shield		
	Powered air-purifying respirator (PAPR)		
	Airborne infection isolation room (AIIR)		
	Other, specify:		

Controls to implement for contact with other people while occupying a vehicle for work

Identify the protective measures taken when employees occupy a vehicle with another person for work purposes.

Required by the ETS:

- Facemasks are worn over the nose and mouth
- Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)

Best practices for employee protection:

- Use fan at highest setting
- DO NOT use "Recirculate" for cabin heating/cooling
- Open window(s) whenever weather permits
- Separate workers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

Action Items from Job Hazard Analysis:	Follow up to Action Items:

✓ Implementing a COVID-19 Training Program

Ensure that all employees receive training, in a language and at a literacy level that they can understand.

Have you trained each employee on COVID-19 health hazards including providing information about:	YES	NO	Follow-up Action
<input type="checkbox"/> How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The importance of hand hygiene to reduce the risk of spreading COVID-19 infections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The signs and symptoms of COVID-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> The risk factors for severe illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> When to seek medical attention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you reviewed your COVID-19 plan, policies, and procedures with your employees, including:			
<input type="checkbox"/> Where to find the plan, and how to obtain copies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Name(s) and Contact(s) of the COVID-19 Safety Coordinator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> The completed Workplace Checklist, Fixed Work Location and Job Task Inventory for Employees Outside of Direct Patient Care Areas Who Cannot Maintain Physical Distancing, Job Task Inventory for Employees with Potential for Exposure to a Person with Suspected or Confirmed COVID-19, and the Employee Job Hazard Analysis (Controls) , and how to obtain copies of each	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures on patient screening and management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tasks and situations in the workplace that could result in COVID-19 infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures for PPE for your workplace including: <ul style="list-style-type: none"> ○ When PPE is required for protection against COVID-19 ○ Limitations of PPE for protection against COVID-19 ○ How to properly put on, wear, and take off PPE ○ How to properly care for, store, clean, maintain, and dispose of PPE ○ Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures for cleaning and disinfection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your specific policies and procedures on health screening and medical management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws; and other supportive policies and practices (e.g., telework, flexible hours)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Training Requirements / Notes:

Employee Representative Name and Date:	COVID-19 Safety Coordinator Name and Date:
Lashonda Hamilton 01/31/2022	Fred Wicks 31 Jan 22